

**Experiment Number:** 00058 - 04

**Test Type:** CHRONIC

**Route:** GAVAGE

**Species/Strain:** MICE/B6C3F1/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

**Lab:** BAT

2-year Core Mice\_Final 1

**NTP Study Number:** C00058B

**Lock Date:** 10/02/2018

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** 25022 ACCK 25021 TSAC 25020 NATD

25019 MSAC

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Female

**TDMSE Version:** 3.0.2.3\_002

**PWG Approval Date:** NONE

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Lab: BAT

B6C3F1/N MICE FEMALE	0 mg/kg	ANIMAL ID	DAY ON TEST																				females (cont...)	
			0 7 2 9	0 7 3 2	0 7 3 9	0 7 3 0	0 7 3 2	0 7 3 1	0 7 3 3	0 7 3 1	0 7 3 2	0 7 3 2	0 6 3 9	0 7 2	0 6 9	0 7 2	0 6 9	0 7 2	0 6 9	0 7 2	0 6 9			
			0 7 2 3 9	0 7 3 2 1	0 7 3 3 0	0 7 3 3 2	0 7 3 1	0 7 3 3	0 7 3 1	0 7 3 3	0 7 3 1	0 7 3 2	0 7 3 2	0 6 3 9	0 7 2	0 6 9	0 7 2	0 6 9	0 7 2	0 6 9	0 7 2	0 6 9		
			0 0 0 0 0																					
			0 2 3 3 2	0 3 4 5 6	0 3 5 6 7	0 3 7 9 0	0 3 8 9 1	0 3 9 0 1	0 3 6 5 2	0 3 8 6 5	0 3 9 8 6	0 3 9 9 8	0 3 2 1 0	0 3 3 2 1	0 3 2 3 4	0 3 2 2 3	0 3 2 2 4	0 3 2 5 6	0 3 2 7 6	0 3 2 7 9	0 3 2 9 0	0 3 1 1 2	0 3 3 3 1	

## ALIMENTARY SYSTEM

Esophagus

Gallbladder

Intestine Large, Cecum  
Lymphoma MalignantIntestine Large, Colon  
Lymphoma Malignant

Intestine Large, Rectum

Intestine Small, Duodenum

Intestine Small, Ileum

Intestine Small, Jejunum

Liver

Hepatocellular Adenoma

Hepatocellular Adenoma, Multiple

Hepatocellular Carcinoma

Histiocytic Sarcoma

Leukemia Mononuclear

Lymphoma Malignant

Osteosarcoma, Metastatic, Uncertain Primary  
Site

Mesentery

+ +

+ +

+ +

X

+ +

X

+ +

+ +

+ +

+ +

+ +

X X

X X

X X

X X

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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Black Cohosh

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Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>1           | 0<br>7<br>3           | 0<br>7<br>1           | 0<br>7<br>3           | 0<br>7<br>1           | 0<br>7<br>3           | 0<br>7<br>2           | 0<br>7<br>3           | 0<br>6<br>9           | 0<br>7<br>2           | 0<br>7<br>1           | 0<br>7<br>9           | 0<br>7<br>2           | 0<br>7<br>3           | 0<br>7<br>3           | 0<br>4<br>9           |                  |             |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|-------------|
|  |  | ANIMAL ID   | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>6 | 0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>1<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>1<br>1<br>1<br>2 | 0<br>1<br>1<br>1<br>5 | 0<br>1<br>1<br>1<br>6 | 0<br>1<br>1<br>1<br>8 | 0<br>1<br>1<br>1<br>9 | 0<br>2<br>2<br>2<br>0 | 0<br>2<br>2<br>2<br>1 | 0<br>2<br>2<br>2<br>3 | 0<br>2<br>2<br>2<br>4 | 0<br>2<br>2<br>2<br>5 | 0<br>2<br>2<br>2<br>6 | 0<br>2<br>2<br>2<br>7 | 0<br>2<br>2<br>2<br>9 | 0<br>2<br>3<br>3 | 0<br>3<br>1 |

**females  
(cont...)**B6C3F1/N MICE FEMALE  
**0 mg/kg**

|                                     |   |
|-------------------------------------|---|
| Hemangiosarcoma, Metastatic, Spleen | X |
| Lymphoma Malignant                  |   |
| Pancreas                            | + |
| Lymphoma Malignant                  | + |
| Salivary Glands                     | + |
| Lymphoma Malignant                  | + |
| Stomach, Forestomach                | + |
| Stomach, Glandular                  | + |

**CARDIOVASCULAR SYSTEM**

|                      |   |
|----------------------|---|
| Aorta                |   |
| Blood Vessel         | + |
| Heart                | + |
| Leukemia Mononuclear | X |

**ENDOCRINE SYSTEM**

|                      |   |
|----------------------|---|
| Adrenal Cortex       | + |
| Leukemia Mononuclear | + |
| Lymphoma Malignant   | X |
| Adrenal Medulla      | + |
| Leukemia Mononuclear | X |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

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Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|                             |  | DAY ON TEST | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>6 | 0<br>7 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>4 |        |
|-----------------------------|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                             |  | ANIMAL ID   | 2<br>9 | 3<br>2 | 2<br>3 | 3<br>3 | 3<br>3 | 3<br>0 | 2<br>1 | 1<br>3 | 3<br>0 | 2<br>1 | 1<br>3 | 3<br>1 | 3<br>1 | 3<br>2 | 2<br>2 | 2<br>9 | 2<br>1 | 9<br>9 | 2<br>2 | 3<br>3 |
| <b>B6C3F1/N MICE FEMALE</b> |  |             | 0<br>2 | 0<br>3 | 0<br>2 | 0<br>3 | 0<br>3 | 0<br>1 | 0<br>3 | 0<br>1 | 0<br>2 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>2 | 0<br>2 | 0<br>1 | 0<br>1 | 0<br>2 | 0<br>1 |        |
| <b>0 mg/kg</b>              |  |             | 0<br>0 |        |
|                             |  |             | 0<br>0 |        |
|                             |  |             | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>1 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>3 |        |
|                             |  |             | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 | 6<br>6 | 7<br>7 | 9<br>9 | 0<br>0 | 1<br>1 | 2<br>2 | 5<br>5 | 6<br>6 | 8<br>8 | 9<br>9 | 0<br>0 | 1<br>1 | 2<br>2 | 5<br>5 | 6<br>6 | 7<br>7 |

females  
(cont...)

Rhabdomyosarcoma, Metastatic, Skeletal Muscle

Islets, Pancreatic

Parathyroid Gland

Pituitary Gland  
Pars Distalis, AdenomaThyroid Gland  
Lymphoma Malignant  
Follicular Cell, Carcinoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | M | M | + | + | + | M | + | + | M | + | + | M | + | M | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Clitoral Gland

Ovary  
Cystadenoma  
Lymphoma MalignantUterus  
Granular Cell Tumor Benign  
Hemangioma  
Lymphoma Malignant  
Polyp Stromal

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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First Dose M/F: NA / 04/09/12

Lab: BAT

|  |  | B6C3F1/N MICE FEMALE                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | females<br>(cont...) |
|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|
|  |  | 0 mg/kg   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ANIMAL ID            |
|  |  | DAY ON TEST                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| 0  |  | 0         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| 7  |  | 7 7 7 7 7 7 7 7 7 6 7 7 7 7 7 7 7 6 7 6 7         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| 2  |  | 3 2 3 2 3 3 3 3 3 9 3 3 3 3 3 3 3 4 3 9 2         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| 9  |  | 2 9 1 0 1 3 0 2 1 1 3 1 1 3 1 2 2 9 1 9 2 1       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| 0  |  | 0         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| 0  |  | 0         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| 0  |  | 0         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| 0  |  | 0 0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 2 2 2 2 2 2       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| 2  |  | 3 4 5 6 7 9 0 1 2 5 6 8 9 0 1 2 3 4 5 6 7 9 0 1 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Cervix, Sarcoma                            |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Vagina                                     |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| <b>HEMATOPOIETIC SYSTEM</b>                |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Bone Marrow                                |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Lymphoma Malignant                         |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Lymph Node                                 |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Lumbar, Lymphoma Malignant                 |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Mediastinal, Lymphoma Malignant            |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Mediastinal, Osteosarcoma, Metastatic,     |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Uncertain Primary Site                     |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Mediastinal, Rhabdomyosarcoma, Metastatic, |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Skeletal Muscle                            |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Pancreatic, Lymphoma Malignant             |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Renal, Lymphoma Malignant                  |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Renal, Rhabdomyosarcoma, Metastatic,       |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Skeletal Muscle                            |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Lymph Node, Mandibular                     |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Leukemia Mononuclear                       |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Lymphoma Malignant                         |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| X  |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Lymph Node, Mesenteric                     |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Leukemia Mononuclear                       |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Lymphoma Malignant                         |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| X  |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Spleen                                     |  | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |
| Hemangiosarcoma                            |  | X   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                      |

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|---|---|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------------------------|-----------|----------------------|
|   |   | 0 mg/kg              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           | ANIMAL ID            |
|   |   | DAY ON TEST          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| 0   | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                             | ANIMAL ID |                      |
| 7   | 7 | 7                    | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7                             |           |                      |
| 2   | 3 | 2                    | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 9 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 9                             |           |                      |
| 9   | 2 | 9                    | 1 | 0 | 1 | 3 | 0 | 2 | 1 | 1 | 3 | 1 | 1 | 3 | 1 | 2 | 2 | 9 | 2 | 3                             |           |                      |
| 0   | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                             |           |                      |
| 0   | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 <th data-kind="ghost"></th> |           |                      |
| 0   | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 <th data-kind="ghost"></th> |           |                      |
| 0   | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 3                             |           |                      |
| 2   | 3 | 4                    | 5 | 6 | 7 | 9 | 0 | 1 | 2 | 5 | 6 | 8 | 9 | 0 | 1 | 3 | 4 | 5 | 6 | 7                             |           |                      |
| Leukemia Mononuclear                          | X |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| Lymphoma Malignant                            |   | X                    | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X                             |           |                      |
| Thymus  | + | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                             |           |                      |
| Leukemia Mononuclear                          | X |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| Lymphoma Malignant                            |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                             |           |                      |
| <b>INTEGUMENTARY SYSTEM</b>                   |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| Mammary Gland                                 | + | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                             |           |                      |
| Skin  | + | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                             |           |                      |
| Sarcoma                                       |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| <b>MUSCULOSKELETAL SYSTEM</b>                 |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| Bone  | + | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                             |           |                      |
| Hemangiosarcoma, Metastatic, Spleen           |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| Osteosarcoma                                  |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| Skeletal Muscle                               | + | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                             |           |                      |
| Rhabdomyosarcoma                              |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| <b>NERVOUS SYSTEM</b>                         |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| Brain   | + | +                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +                             |           |                      |
| Meningioma Malignant                          |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                               |           |                      |
| Peripheral Nerve                              |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | +                             |           |                      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

| B6C3F1/N MICE FEMALE |   | ANIMAL ID | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|----------------------|---|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0                    | 7 |           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 6 | 7 | 7 | 7 | 4 | 9 |   |
| 2                    | 3 |           |             | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 9 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 9 | 2 | 3 | 3 | 3 | 3 | 1 |   |
| 9                    | 2 |           |             | 9 | 1 | 0 | 1 | 3 | 0 | 2 | 1 | 1 | 3 | 1 | 1 | 3 | 1 | 2 | 2 | 2 | 9 | 1 | 9 | 2 | 3 | 3 | 3 | 1 |   |
| 0                    | 0 |           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
| 0                    | 0 |           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
| 0                    | 0 |           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
| 2                    | 3 |           |             | 4 | 5 | 6 | 7 | 9 | 0 | 1 | 2 | 5 | 6 | 8 | 9 | 0 | 1 | 2 | 2 | 2 | 5 | 6 | 7 | 9 | 0 | 1 | 2 |   |   |

females  
(cont...)

Spinal Cord  
Astrocytoma Malignant

+

X

#### RESPIRATORY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Lung   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
| Alveolar/Bronchiolar Adenoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |  |  |
| Histiocytic Sarcoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Leukemia Mononuclear                             |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Lymphoma Malignant                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |  |  |
| Osteosarcoma, Metastatic, Uncertain Primary Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |  |  |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |  |

Nose  
Lymphoma Malignant

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
|  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

Trachea

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

#### SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Harderian Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |  |

Adenoma  
Lymphoma Malignant

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |

#### URINARY SYSTEM

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

| B6C3F1/N MICE FEMALE    | DAY ON TEST | females<br>(cont...) |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
|-------------------------|-------------|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------|
|                         |             | 0<br>7<br>2<br>9     | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>6<br>4<br>9 | 0<br>7<br>2<br>9 | 0<br>6<br>9<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>1 |        |
| 0 mg/kg                 | ANIMAL ID   | 0<br>0<br>0<br>0     | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 | 0<br>0<br>0<br>0 |        |
|                         |             | 2<br>3               | 3<br>4           | 4<br>5           | 5<br>6           | 6<br>7           | 7<br>9           | 0<br>1           | 1<br>2           | 1<br>5           | 1<br>6           | 1<br>8           | 1<br>9           | 0<br>1           | 2<br>3           | 4<br>5           | 6<br>7           | 2<br>9           | 3<br>0           | 1<br>1           | 2<br>2 |
| Leukemia Mononuclear    |             | X                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
| Lymphoma Malignant      |             |                      | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |        |
| Urinary Bladder         |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +      |
| Leukemia Mononuclear    |             | X                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
| Lymphoma Malignant      |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |        |
| <b>SYSTEMIC LESIONS</b> |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
| Multiple Organ          |             | +                    | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +      |
| Histiocytic Sarcoma     |             |                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  |                  |                  |                  |        |
| Leukemia Mononuclear    |             | X                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |        |
| Lymphoma Malignant      |             |                      | X                |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | X                |                  | X                | X      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                      |  | DAY ON TEST | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>4 | 0<br>7 | 0<br>4 | 0<br>7 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | * TOTALS |
|----------------------|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
|                      |  | ANIMAL ID   | 2<br>9 | 3<br>0 | 2<br>9 | 2<br>9 | 3<br>1 | 7<br>0 | 3<br>9 | 3<br>3 | 3<br>2 | 2<br>9 | 2<br>2 | 1<br>0 | 2<br>0 | 2<br>2 | 1<br>6 | 2<br>9 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>0 | 6<br>1 |          |
| B6C3F1/N MICE FEMALE |  |             | 0<br>0 |        |          |
| 0 mg/kg              |  |             | 0<br>0 |        |          |
|                      |  |             | 0<br>0 |        |          |
|                      |  |             | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>4 | 4<br>4 | 4<br>4 | 4<br>4 | 4<br>4 | 4<br>4 | 4<br>4 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>5 | 5<br>6 | 6<br>6 | 6<br>6 | 6<br>6 | 6<br>6 | 6<br>6 | 6<br>7 |          |
|                      |  |             | 3<br>3 | 4<br>4 | 8<br>8 | 9<br>9 | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 | 6<br>6 | 8<br>8 | 1<br>1 | 3<br>3 | 5<br>5 | 6<br>6 | 8<br>8 | 0<br>0 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 | 6<br>6   |

## ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Gallbladder   | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M | M | M | +  | 46 |
| Intestine Large, Cecum<br>Lymphoma Malignant        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Large, Colon<br>Lymphoma Malignant        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 1  |    |
| Intestine Large, Rectum                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Duodenum                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Ileum                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Jejunum                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | X |   |   |   |   |   |   |   |   |   |   |    | 50 |
| Hepatocellular Adenoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Hepatocellular Adenoma, Multiple                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 5  |
| Hepatocellular Carcinoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3  |
| Histiocytic Sarcoma                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2  |
| Leukemia Mononuclear                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Lymphoma Malignant                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 5  |
| Osteosarcoma, Metastatic, Uncertain Primary<br>Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Mesentery   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 6  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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X .. Lesion present

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Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE                | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |
|-------------------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
|                                     |             | 0<br>7 |          |
| 0 mg/kg                             | ANIMAL ID   | 0<br>0   |
| Hemangiosarcoma, Metastatic, Spleen |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |
| Lymphoma Malignant                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |
| Pancreas                            |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |
| Lymphoma Malignant                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 5        |
| Salivary Glands                     |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |
| Lymphoma Malignant                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |
| Stomach, Forestomach                |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |
| Stomach, Glandular                  |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |
| <b>CARDIOVASCULAR SYSTEM</b>        |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |
| Aorta                               |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |
| Blood Vessel                        |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |
| Heart                               |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |
| Leukemia Mononuclear                |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |
| <b>ENDOCRINE SYSTEM</b>             |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |
| Adrenal Cortex                      |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |
| Leukemia Mononuclear                |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |
| Lymphoma Malignant                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |
| Adrenal Medulla                     |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |
| Leukemia Mononuclear                |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

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I .. Insufficient tissue

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Black Cohosh

Time Report Requested: 11:32:38

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First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE  | 0 mg/kg | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |    |
|---|---------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|----|
|   |         |             | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>4 | 0<br>7 | 0<br>4 | 0<br>7 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |          |    |
| ANIMAL ID   | 0<br>0  | 0<br>0      | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 |          |    |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle                     |         |             | X      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1  |
| Islets, Pancreatic  |         |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |    |
| Parathyroid Gland   |         |             | +      | +      | +      | M      | +      | +      | +      | +      | +      | +      | M      | +      | +      | +      | +      | +      | +      | +      | +      | M      | +        | 41 |
| Pituitary Gland<br>Pars Distalis, Adenoma                         |         |             | +      | +      | +      | +      | +      | +      | M      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 49 |
|   |         |             |        |        |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |          | 2  |
| Thyroid Gland<br>Lymphoma Malignant<br>Follicular Cell, Carcinoma |         |             | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 50 |
|   |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1  |
|   |         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1  |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Clitoral Gland  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Ovary<br>Cystadenoma<br>Lymphoma Malignant  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | +  | 49 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |    | 2  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3  |
| Uterus<br>Granular Cell Tumor Benign<br>Hemangioma<br>Lymphoma Malignant<br>Polyp Stromal | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |    | 1  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |    | 1  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST | 0<br>7<br>2<br>9           | 0<br>7<br>2<br>0           | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>9      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>1      | 0<br>7<br>3<br>0      |                       |                       |                       |          |
|--|--|-------------|----------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|  |  | ANIMAL ID   | 0<br>0<br>0<br>0<br>3<br>3 | 0<br>0<br>0<br>0<br>3<br>4 | 0<br>0<br>0<br>0<br>9 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>6 | * TOTALS |
| <b>B6C3F1/N MICE FEMALE</b>                                      |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| <b>0 mg/kg</b>   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Cervix, Sarcoma  |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 1        |
| Vagina   |  |             | +                          | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| <b>HEMATOPOIETIC SYSTEM</b>                                      |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Bone Marrow  |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |          |
| Lymphoma Malignant   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Lymph Node   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 6                     |          |
| Lumbar, Lymphoma Malignant                                       |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |          |
| Mediastinal, Lymphoma Malignant                                  |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |          |
| Mediastinal, Osteosarcoma, Metastatic,<br>Uncertain Primary Site |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Mediastinal, Rhabdomyosarcoma, Metastatic,<br>Skeletal Muscle    |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Pancreatic, Lymphoma Malignant                                   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |          |
| Renal, Lymphoma Malignant  |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |          |
| Renal, Rhabdomyosarcoma, Metastatic,<br>Skeletal Muscle          |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Lymph Node, Mandibular   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |          |
| Leukemia Mononuclear   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Lymphoma Malignant   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |          |
| Lymph Node, Mesenteric   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |          |
| Leukemia Mononuclear   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Lymphoma Malignant   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7                     |          |
| Spleen   |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |          |
| Hemangiosarcoma  |  |             |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|   |  | DAY ON TEST | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |    |
|---|--|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|----|
|   |  |             | ANIMAL ID            | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |    |
| Leukemia Mononuclear                          |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Lymphoma Malignant                            |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 9  |
| Thymus  |  |             |                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48       |    |
| Leukemia Mononuclear                          |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Lymphoma Malignant                            |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 5  |
| <b>INTEGUMENTARY SYSTEM</b>                   |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| Mammary Gland                                 |  |             |                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |    |
| Skin  |  |             |                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 1        |    |
| Sarcoma                                       |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 50 |
|   |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| <b>MUSCULOSKELETAL SYSTEM</b>                 |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| Bone  |  |             |                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |    |
| Hemangiosarcoma, Metastatic, Spleen           |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Osteosarcoma                                  |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Skeletal Muscle                               |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Rhabdomyosarcoma                              |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| <b>NERVOUS SYSTEM</b>                         |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| Brain   |  |             |                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |    |
| Meningioma Malignant                          |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Peripheral Nerve                              |  |             |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 2  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                      |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |  |
|----------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
| B6C3F1/N MICE FEMALE |   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| 0 mg/kg              |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |  |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |          |  |
| 7                    | 7 | 7           | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 4 | 0 | 7 | 4 | 0 | 7 | 5 | 0 | 7 | 7 |          |  |
| 2                    | 3 | 2           | 2 | 3 | 3 | 3 | 7 | 3 | 3 | 3 | 2 | 9 | 3 | 6 | 3 | 1 | 2 | 3 | 2 | 3 | 3 |          |  |
| 9                    | 0 | 9           | 9 | 1 | 0 | 9 | 3 | 3 | 2 | 9 | 2 | 1 | 0 | 2 | 0 | 6 | 9 | 3 | 3 | 0 | 6 |          |  |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
| 3                    | 3 | 3           | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 7        |  |
| 3                    | 4 | 8           | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 8 | 1 | 3 | 5 | 6 | 8 | 0 | 2 | 3 | 4 | 5 | 6 | 7        |  |

Spinal Cord  
Astrocytoma Malignant

+

2

1

## RESPIRATORY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Alveolar/Bronchiolar Adenoma                     |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Histiocytic Sarcoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Leukemia Mononuclear                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Osteosarcoma, Metastatic, Uncertain Primary Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 1  |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 1  |
| Nose   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Trachea  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

## SPECIAL SENSES SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Harderian Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 2  |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

## URINARY SYSTEM

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                      |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    |
|----------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|----|
|                      |   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |    |
| B6C3F1/N MICE FEMALE |   | 0 mg/kg     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |    |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |    |
| 7                    | 7 | 7           | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 4 | 0 | 7 | 4 | 0 | 7 | 5 | 0 | 7 | 7 | 7        | 7 |    |
| 2                    | 3 | 2           | 2 | 3 | 3 | 3 | 7 | 3 | 3 | 3 | 2 | 9 | 3 | 6 | 3 | 1 | 2 | 3 | 2 | 3 | 3 | 0        | 3 |    |
| 9                    | 0 | 9           | 9 | 1 | 0 | 9 | 3 | 3 | 2 | 9 | 2 | 1 | 0 | 2 | 0 | 6 | 9 | 3 | 3 | 3 | 0 | 6        | 1 |    |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |    |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |    |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |    |
| 3                    | 3 | 3           | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6        | 7 |    |
| 3                    | 4 | 8           | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 8 | 1 | 3 | 5 | 6 | 8 | 0 | 2 | 3 | 4 | 5 | 6 | 7        | 8 |    |
| Leukemia Mononuclear |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 1  |
| Lymphoma Malignant   |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 5  |
| Urinary Bladder      |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 50 |
| Leukemia Mononuclear |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 1  |
| Lymphoma Malignant   |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 3  |
| X                    |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | X  |
| +                    |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 50 |
| Multiple Organ       |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 50 |
| Histiocytic Sarcoma  |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 2  |
| Leukemia Mononuclear |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 1  |
| Lymphoma Malignant   |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | 10 |
| X                    |   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   | X  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|          |           | DAY ON TEST | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|----------|-----------|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| 30 mg/kg | ANIMAL ID |             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|          | 0         | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| 0        | 0         | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
| 0        | 0         | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
| 0        | 0         | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
| 7        | 7         | 7           | 7                    | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
| 1        | 2         | 3           | 4                    | 5 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 7 | 8 | 0 | 3 | 5 | 8 | 0 | 3 | 4 | 6 | 7 | 8 |   |   |                      |

## ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant        |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma    |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Histiocytic Sarcoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant        |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Histiocytic Sarcoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE | 30 mg/kg | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|----------------------|----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                      |          |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| ANIMAL ID            | 0        | 6           | 0 | 2 | 0 | 7 | 6 | 7 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 3 |                      |
|                      | 0        | 7           | 1 | 2 | 9 | 4 | 1 | 1 | 2 | 2 | 0 | 0 | 3 | 0 | 1 | 3 | 3 | 2 | 3 | 2 | 3 | 1 | 0 | 8 | 1 | 1 | 0                    |

Lymphoma Malignant

X

Salivary Glands  
Lymphoma Malignant

++ +

X

Stomach, Forestomach  
Lymphoma Malignant

++ +

X

Stomach, Glandular  
Lymphoma Malignant

++ +

X

Tooth  
Histiocytic Sarcoma

## CARDIOVASCULAR SYSTEM

Blood Vessel

+ M + M +

Heart  
Lymphoma Malignant

++ +

X

## ENDOCRINE SYSTEM

Adrenal Cortex  
Histiocytic Sarcoma  
Lymphoma Malignant

++ +

X

Adrenal Medulla

++ +

Islets, Pancreatic

++ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020  
 Time Report Requested: 11:32:38  
 First Dose M/F: NA / 04/09/12  
 Lab: BAT

|                      |  | DAY ON TEST          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|----------------------|--|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                      |  | 6                    | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| B6C3F1/N MICE FEMALE |  | 0                    | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 7 | 7 | 7 | 3 | 3 | 3 | 3 | 3 |
| 30 mg/kg             |  | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      |  | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      |  | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      |  | 7                    | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 |
|                      |  | 1                    | 2 | 3 | 4 | 5 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 7 | 8 | 0 | 3 | 5 | 8 | 0 | 3 | 4 | 6 | 7 | 8 |
|                      |  | females<br>(cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Parathyroid Gland

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Pituitary Gland

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Thyroid Gland

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## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Clitoral Gland

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X

X

Cystadenoma  
 Hemangiosarcoma  
 Histiocytic Sarcoma  
 Lymphoma Malignant

X

Uterus

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X

Hemangiosarcoma  
 Histiocytic Sarcoma  
 Lymphoma Malignant

X

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Vagina

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Lymphoma Malignant

X

X

## HEMATOPOIETIC SYSTEM

Bone Marrow

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\* .. Total animals with tissue examined microscopically; Total animals with tumor

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Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| <b>B6C3F1/N MICE FEMALE</b> | <b>30 mg/kg</b> | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>females<br/>(cont...)</b> |
|-----------------------------|-----------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------------|
|                             |                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                              |
|                             |                 | ANIMAL ID   | 6 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                              |
|                             |                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                              |
|                             |                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                              |
|                             |                 |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                              |
|                             |                 |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 |                              |
|                             |                 |             | 1 | 2 | 3 | 4 | 5 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 7 | 8 | 0 | 3 | 5 | 8 | 0 | 3 | 4 | 6 | 7 | 8 |                              |
| Histiocytic Sarcoma         |                 | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
| Lymphoma Malignant          |                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
| Lymph Node                  |                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
| Lumbar, Histiocytic Sarcoma |                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
| Renal, Histiocytic Sarcoma  |                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
| Lymph Node, Mandibular      |                 | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                              |
| Lymphoma Malignant          |                 | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
| Lymph Node, Mesenteric      |                 | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                              |
| Histiocytic Sarcoma         |                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
| Lymphoma Malignant          |                 |             | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
| Spleen                      |                 | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                              |
| Lymphoma Malignant          |                 | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
| Thymus                      |                 | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + |                              |
| Lymphoma Malignant          |                 | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |

**INTEGUMENTARY SYSTEM**

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Skin          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Fibrosarcoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**MUSCULOSKELETAL SYSTEM**

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

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Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                             |                 | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|-----------------------------|-----------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| <b>B6C3F1/N MICE FEMALE</b> | <b>30 mg/kg</b> | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|                             |                 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                             |                 | 6           | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 |                      |
|                             |                 | 0           | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 7 | 2 | 3 | 3 |                      |
|                             |                 | 0           | 0 | 7 | 9 | 4 | 1 | 1 | 2 | 2 | 0 | 3 | 0 | 1 | 3 | 3 | 9 | 0 | 8 | 1 | 1 |                      |
| Skeletal Muscle             |                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | +                    |
| Lymphoma Malignant          |                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X                    |
| Rhabdomyosarcoma            |                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |

**NERVOUS SYSTEM**Brain  
Lipoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

**RESPIRATORY SYSTEM**Lung  
Alveolar/Bronchiolar Adenoma  
Hemangiosarcoma, Metastatic, Uterus  
Histiocytic Sarcoma  
Lymphoma Malignant

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

Nose  
Histiocytic Sarcoma  
Lymphoma Malignant

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

Trachea

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**SPECIAL SENSES SYSTEM**

Eye

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

Harderian Gland  
Adenoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|          | DAY ON TEST | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|----------|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|          |             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| 30 mg/kg | ANIMAL ID   | 6                    | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    |
|          |             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |

## URINARY SYSTEM

Kidney  
Histiocytic Sarcoma  
Lymphoma Malignant

+ +

X

Urinary Bladder  
Lymphoma Malignant

+ +

X

X

## SYSTEMIC LESIONS

Multiple Organ  
Histiocytic Sarcoma  
Lymphoma Malignant

+ +

X

X

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

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Date Report Requested: 12/10/2020

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Black Cohosh

Time Report Requested: 11:32:38

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CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE      | 30 mg/kg              | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |          |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                           |                       |                       | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>4<br>2 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>2<br>2<br>3 | 0<br>7<br>3<br>3<br>9 | 0<br>7<br>3<br>2<br>9 | 0<br>7<br>3<br>3<br>0 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>2<br>2<br>9 | 0<br>6<br>8<br>8<br>8 | 0<br>7<br>3<br>2<br>2 | 0<br>7<br>3<br>1<br>1 | 0<br>6<br>5<br>8<br>8 | 0<br>7<br>2<br>4<br>4 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>0<br>9 |                       |                       |                       |                       |                       |                       |                       |                       |          |
| ANIMAL ID                 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>9 | * TOTALS |
| Esophagus                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Gallbladder               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Intestine Large, Cecum    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Intestine Large, Colon    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Intestine Large, Rectum   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Intestine Small, Duodenum | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Intestine Small, Ileum    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Intestine Small, Jejunum  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Lymphoma Malignant        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Liver                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Hemangiosarcoma           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Hepatocellular Adenoma    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 9        |
| Hepatocellular Carcinoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3        |
| Histiocytic Sarcoma       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Lymphoma Malignant        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3        |
| Mesentery                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Histiocytic Sarcoma       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Pancreas                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Histiocytic Sarcoma       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>30 mg/kg | DAY ON TEST<br>ANIMAL ID |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   | * TOTALS |
|----------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|---|---|---|---|----------|
|                                  |                          | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>4<br>2 | 0<br>7<br>3<br>3<br>2 | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>2<br>3<br>9 | 0<br>7<br>3<br>3<br>9 | 0<br>7<br>3<br>3<br>0 | 0<br>6<br>8<br>2<br>8 | 0<br>7<br>3<br>2<br>1 | 0<br>6<br>5<br>8 | 0<br>7<br>2<br>4 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>3 | 0<br>7<br>3<br>9 |   |   |   |   |   |          |
| Lymphoma Malignant               |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   | X | 2        |
| Salivary Glands                  |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | + | + | + | + | + | 50       |
| Lymphoma Malignant               |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   | 1        |
| Stomach, Forestomach             |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | + | + | + | + | + | 50       |
| Lymphoma Malignant               |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   | 1        |
| Stomach, Glandular               |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | + | + | + | + | + | 50       |
| Lymphoma Malignant               |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   | 1        |
| Tooth                            |                          | +                     | +                     |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   | 3        |
| Histiocytic Sarcoma              |                          | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   | 2        |
| <b>CARDIOVASCULAR SYSTEM</b>     |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   |          |
| Blood Vessel                     |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | + | + | + | + | + | 48       |
| Heart                            |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | + | + | + | + | + | 50       |
| Lymphoma Malignant               |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   | 1        |
| <b>ENDOCRINE SYSTEM</b>          |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   |          |
| Adrenal Cortex                   |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | + | + | + | + | + | 50       |
| Histiocytic Sarcoma              |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   | 1        |
| Lymphoma Malignant               |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |   |   |   |   |   | 1        |
| Adrenal Medulla                  |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | + | + | + | + | + | 50       |
| Islets, Pancreatic               |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | + | + | + | + | + | 50       |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|                            |                    | DAY ON TEST | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>5<br>4<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>9      | 0<br>6<br>8<br>8      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>6<br>5<br>8      | 0<br>7<br>2<br>4      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      |                       |    |    |
|----------------------------|--------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|----|
|                            |                    | ANIMAL ID   | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>1<br>1 | * TOTALS              |                       |    |    |
| B6C3F1/N MICE FEMALE       | 30 mg/kg           |             | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>1<br>1 |    |    |
| Parathyroid Gland          |                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | M                     | M                     | +                     | +  | 45 |
| Pituitary Gland            |                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |    |
| Thyroid Gland              |                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |    |
| <b>GENERAL BODY SYSTEM</b> |                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |    |
| NONE                       |                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |    |
| <b>GENITAL SYSTEM</b>      |                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |    |
| Clitoral Gland             |                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |    |
| Ovary                      | Cystadenoma        |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49 |    |
| Hemangiosarcoma            |                    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                     | X                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |    |
| Histiocytic Sarcoma        |                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |    |
| Lymphoma Malignant         |                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |    |
| Uterus                     | Hemangiosarcoma    |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |    |
| Histiocytic Sarcoma        |                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |    |
| Lymphoma Malignant         |                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |    |
| Vagina                     | Lymphoma Malignant |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50 |    |
|                            |                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                               |          | DAY ON TEST | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>5<br>4<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>6<br>8<br>8 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>6<br>5<br>8 | 0<br>7<br>2<br>4 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 |                  |                  |          |   |
|-------------------------------|----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|---|
|                               |          | ANIMAL ID   | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>2<br>0 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>8 | 0<br>0<br>3<br>0 | 0<br>0<br>3<br>1 | 0<br>0<br>3<br>3 | 0<br>0<br>3<br>4 | 0<br>0<br>3<br>7 | 0<br>0<br>3<br>8 | 0<br>0<br>3<br>9 | * TOTALS |   |
| B6C3F1/N MICE FEMALE          | 30 mg/kg |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
|                               |          |             | X                     |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Histiocytic Sarcoma           |          |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Lymphoma Malignant            |          |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Lymph Node                    |          |             | +                     |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Lumbar, Histiocytic Sarcoma   |          |             | X                     |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Renal, Histiocytic Sarcoma    |          |             | X                     |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Lymph Node, Mandibular        |          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |   |
| Lymphoma Malignant            |          |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 2 |
| Lymph Node, Mesenteric        |          |             | +                     | +                     | +                     | M                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |   |
| Histiocytic Sarcoma           |          |             | X                     |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| Lymphoma Malignant            |          |             |                       |                       |                       |                       | X                     |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 4 |
| Spleen                        |          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Lymphoma Malignant            |          |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 6 |
| Thymus                        |          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | I                | +                | +                | X                | +                | +                | +                | +                | +                | M                | +                | +                | +                | 46       |   |
| Lymphoma Malignant            |          |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 3 |
| <b>INTEGUMENTARY SYSTEM</b>   |          |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
| Mammary Gland                 |          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Skin                          |          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |
| Fibrosarcoma                  |          |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1 |
| <b>MUSCULOSKELETAL SYSTEM</b> |          |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |   |
| Bone                          |          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|                             |  | DAY ON TEST | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>5<br>4<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>6<br>8<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>3<br>2      | 0<br>6<br>5<br>8      | 0<br>7<br>2<br>4      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>9 |  |
|-----------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|--|
|                             |  | ANIMAL ID   | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>1<br>1 | * TOTALS         |  |
| <b>B6C3F1/N MICE FEMALE</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  |
| <b>30 mg/kg</b>             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |  |

Skeletal Muscle + 2  
 Lymphoma Malignant X 1  
 Rhabdomyosarcoma X 1

**NERVOUS SYSTEM**

|        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lipoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**RESPIRATORY SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Lung                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Alveolar/Bronchiolar Adenoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 4 |
| Hemangiosarcoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |
| Histiocytic Sarcoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 2 |
| Lymphoma Malignant                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 2 |

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Nose                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 3 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                      |          | DAY ON TEST | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>5<br>4<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>6<br>8<br>8      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>6<br>5<br>8      | 0<br>7<br>2<br>4      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      |                       |          |  |
|----------------------|----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--|
|                      |          | ANIMAL ID   | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>2<br>2<br>0 | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>3<br>0 | * TOTALS |  |
| B6C3F1/N MICE FEMALE | 30 mg/kg |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |

## URINARY SYSTEM

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Kidney              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Urinary Bladder     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |

## SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Histiocytic Sarcoma |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Lymphoma Malignant  |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 8 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|  |  | DAY ON TEST | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      |                       |                       |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |  | ANIMAL ID   | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>4<br>7 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>6<br>9 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>5 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>6<br>7 |

females  
(cont...)

## ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocellular Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Histiocytic Sarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Lymphoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|   |  | B6C3F1/N MICE FEMALE<br><br>100 mg/kg | DAY ON TEST<br><br>ANIMAL ID | females<br>(cont...)  |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
|---|--|---------------------------------------|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
|   |  |                                       |                              | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>5      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>3  | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      |                       |                       |                       |                       |                       |                       |  |  |
|   |  |                                       |                              | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>3<br>2   | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>8<br>2 | 0<br>0<br>2<br>9<br>2 | 0<br>0<br>3<br>0<br>3 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>2<br>3 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>5<br>3 | 0<br>0<br>3<br>6<br>3 | 0<br>0<br>3<br>7<br>3 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>3<br>0<br>4 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>2<br>4 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>4<br>4 | 0<br>0<br>3<br>5<br>4 |  |  |
|   |  |                                       |                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
|   |  |                                       |                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
|   |  |                                       |                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
|   |  |                                       |                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
|   |  |                                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| CARDIOVASCULAR SYSTEM   |  |                                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Blood Vessel  |  | +                                     | +                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |  |  |
| Heart   |  | +                                     | +                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |  |  |
| ENDOCRINE SYSTEM  |  |                                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Adrenal Cortex  |  | +                                     | +                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |                       |  |  |
| Lymphoma Malignant  |  |                                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Adrenal Medulla   |  | +                                     | +                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |  |  |
| Islets, Pancreatic  |  | +                                     | +                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |  |  |
| Parathyroid Gland   |  | M                                     | +                            | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |  |  |
| Pituitary Gland   |  | +                                     | +                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |  |  |
| Pars Distalis, Adenoma  |  |                                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Thyroid Gland   |  | +                                     | +                            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
| GENERAL BODY SYSTEM   |  |                                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| * .. Total animals with tissue examined microscopically; Total animals with tumor |  |                                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | M .. Missing tissue<br>A .. Autolysis precludes evaluation<br>BLANK .. Not examined microscopically |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| + .. Tissue examined microscopically  |  |                                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| X .. Lesion present   |  |                                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| I .. Insufficient tissue  |  |                                       |                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | I   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|           |           | DAY ON TEST | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |
|-----------|-----------|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|
| 100 mg/kg | ANIMAL ID |             | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |   |   |
|           | 7         | 7           | 6                    | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 |                      |   |   |
|           |           | 3           | 2                    | 7 | 3 | 3 | 3 | 9 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 1 | 1 | 2 | 3 | 1 | 1 | 2 | 1 | 3 | 3 | 3 | 3                    | 3 |   |
|           |           | 0           | 9                    | 5 | 2 | 2 | 1 | 0 | 2 | 2 | 0 | 9 | 3 | 3 | 1 | 1 | 2 | 3 | 1 | 1 | 2 | 1 | 3 | 3 | 3 | 3 | 3                    | 1 |   |
|           |           | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
|           |           | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
|           |           | 1           | 1                    | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    | 1 |   |
|           |           | 4           | 4                    | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7                    | 7 | 7 |
|           |           | 1           | 3                    | 5 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 6 | 7 | 0 | 1 | 4 | 5 |                      |   |   |

Tissue NOS

## GENITAL SYSTEM

Clitoral Gland

+ +

Ovary

+ + + + + + + + + + + X +

Cystadenoma

X

Histiocytic Sarcoma

X

Lymphoma Malignant

X

Uterus

+ +

Leiomyoma

X

Lymphoma Malignant

X

Vagina

+ + | +

## HEMATOPOIETIC SYSTEM

Bone Marrow

+ +

Histiocytic Sarcoma

X

Lymphoma Malignant

Lymph Node

+ +

Axillary, Lymphoma Malignant

X

Inguinal, Lymphoma Malignant

X

Renal, Lymphoma Malignant

X

Lymph Node, Mandibular

+ +

Lymphoma Malignant

X

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|  |  | DAY ON TEST | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      |                       |                       |                       |                       |                       |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |  | ANIMAL ID   | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>4<br>7 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>4<br>9 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>5 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>6<br>8 | 0<br>0<br>1<br>6<br>9 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>7<br>3 | 0<br>0<br>1<br>7<br>4 | 0<br>0<br>1<br>7<br>5 |

females  
(cont...)

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lymph Node, Mesenteric             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Hemangiosarcoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Histiocytic Sarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Plasma Cell Tumor Benign           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Histiocytic Sarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Thymus                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

## INTEGUMENTARY SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|
| Mammary Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |   |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |  |   |
| Skin               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |   |
| Fibrosarcoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |  |   |
| Myxosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
| Sarcoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | X |

## MUSCULOSKELETAL SYSTEM

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

## NERVOUS SYSTEM

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|                                |  | DAY ON TEST | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>6<br>3<br>5      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      | 0<br>6<br>3<br>3      | 0<br>7<br>3<br>1      | 0<br>7<br>1           | 0<br>7<br>1           | 0<br>6<br>2           | 0<br>7<br>2           | 0<br>7<br>1           | 0<br>7<br>3           | 0<br>7<br>2           | 0<br>7<br>1           | 0<br>7<br>3           | 0<br>7<br>3           | 0<br>7<br>0           |                       |                       |                       |
|--------------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                |  | ANIMAL ID   | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>7 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>6<br>9 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>6<br>5 |
| <b>B6C3F1/N MICE FEMALE</b>    |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>100 mg/kg</b>               |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>RESPIRATORY SYSTEM</b>      |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lung                           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Alveolar/Bronchiolar Adenoma   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Alveolar/Bronchiolar Carcinoma |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Nose                           |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Trachea                        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>SPECIAL SENSES SYSTEM</b>   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye                            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Harderian Gland                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adenoma                        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>URINARY SYSTEM</b>          |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Kidney                         |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Histiocytic Sarcoma            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Urinary Bladder                |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>SYSTEMIC LESIONS</b>        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Multiple Organ                 |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|--|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|  |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | females<br>(cont...) |
|  |  | 7           | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 |                      |
|  |  | 3           | 2 | 7 | 3 | 3 | 3 | 9 | 3 | 3 | 2 | 3 | 2 | 7 | 3 | 3 | 3 | 8 | 3 | 3 | 3 |                      |
|  |  | 0           | 9 | 5 | 2 | 2 | 1 | 0 | 2 | 2 | 0 | 9 | 3 | 3 | 1 | 1 | 2 | 1 | 3 | 3 | 0 |                      |
|  |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  |  | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                      |
|  |  | 4           | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 7 | 7 |                      |
|  |  | 1           | 3 | 5 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 6 |                      |

Amyloid

X

Histiocytic Sarcoma

X

Lymphoma Malignant

X

X

X

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

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Lab: BAT

|                 |  | DAY ON TEST | 0<br>7<br>3<br>3      | 0<br>6<br>5<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>9      | 0<br>7<br>2<br>9      |                       | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                 |  | ANIMAL ID   | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>9<br>7 | 0<br>0<br>1<br>9<br>9 |
| <b>* TOTALS</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Hepatocellular Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Histiocytic Sarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Lymphoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 5 |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

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Experiment Number: 00058 - 04

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Black Cohosh

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First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE                      | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |          |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   |             | 0<br>7<br>3<br>3      | 0<br>6<br>5<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>0      | 0<br>7<br>3<br>9      | 0<br>7<br>2<br>9      |                       |                       |                       |          |
| 100 mg/kg                                 | ANIMAL ID   | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>9<br>7 | 0<br>0<br>1<br>9<br>9 | 0<br>0<br>1<br>9<br>9 | 0<br>0<br>1<br>9<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>0 | 0<br>0<br>2<br>2<br>0 | * TOTALS |
| Stomach, Forestomach                      |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |          |
| Stomach, Glandular                        |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |          |
| Tongue<br>Squamous Cell Carcinoma         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
|   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| <b>CARDIOVASCULAR SYSTEM</b>              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Blood Vessel                              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | 49                    |          |
| Heart                                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| <b>ENDOCRINE SYSTEM</b>                   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Adrenal Cortex<br>Lymphoma Malignant      |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
|   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | 1                     |          |
| Adrenal Medulla                           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Islets, Pancreatic                        |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Parathyroid Gland                         |             | +                     | M                     | +                     | +                     | M                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | 42                    |          |
| Pituitary Gland<br>Pars Distalis, Adenoma |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
|   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | 5                     |          |
| Thyroid Gland                             |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | 49                    |          |

**GENERAL BODY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

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Experiment Number: 00058 - 04

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Black Cohosh

CAS Number: 84776-26-1

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First Dose M/F: NA / 04/09/12

Lab: BAT

|                             |                  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|-----------------------------|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
| <b>B6C3F1/N MICE FEMALE</b> | <b>100 mg/kg</b> | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|                             |                  | 7           | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                             |                  | 3           | 5 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3        |
|                             |                  | 3           | 1 | 0 | 1 | 1 | 9 | 1 | 0 | 3 | 9 | 3 | 3 | 2 | 9 | 0 | 0 | 9 | 2 | 9 | 0 | 3        |
|                             |                  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                             |                  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |
|                             |                  | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2        |
|                             |                  | 7           | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0        |
|                             |                  | 6           | 0 | 1 | 3 | 4 | 5 | 8 | 9 | 0 | 1 | 3 | 4 | 6 | 7 | 9 | 0 | 1 | 2 | 3 | 4 | 5        |
| Tissue NOS                  |                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |

**GENITAL SYSTEM**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Clitoral Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Ovary               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Cystadenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |    | 4 |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Uterus              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Leiomyoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Vagina              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |   |

**HEMATOPOIETIC SYSTEM**

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Bone Marrow                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Histiocytic Sarcoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymphoma Malignant           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Lymph Node                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Axillary, Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Inguinal, Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Renal, Lymphoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymph Node, Mandibular       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |    | 3 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|----------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                      |             | 0<br>7<br>3<br>3      | 0<br>6<br>5<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>2<br>8      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      |                       |                       |
| 100 mg/kg            | ANIMAL ID   | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>9<br>7 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>9<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 |

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lymph Node, Mesenteric             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hemangiosarcoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Histiocytic Sarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 6  |
| Plasma Cell Tumor Benign           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spleen                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Histiocytic Sarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 9  |
| Thymus                             | + | + | + | + | + | + | + | + | + | M | + | + | + | I | + | + | + | + | + | + | + | + | + | 48 |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

**INTEGUMENTARY SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Skin               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Fibrosarcoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Myxosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Sarcoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 2  |

**MUSCULOSKELETAL SYSTEM**

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**NERVOUS SYSTEM**

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                             |  | DAY ON TEST | 0<br>7<br>3<br>3      | 0<br>6<br>5<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      |                       |  | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                             |  | ANIMAL ID   | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>9<br>7 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>9<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 |  |
| <b>B6C3F1/N MICE FEMALE</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>* TOTALS</b>       |  |
| 100 mg/kg                   |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Lymphoma Malignant          |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |

### RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |     |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--|-----|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |     |
| Alveolar/Bronchiolar Adenoma   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  | 2   |
| Alveolar/Bronchiolar Carcinoma | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  | 1   |
| Lymphoma Malignant             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  | X 4 |
| Nose                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |     |
| Trachea                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |     |

### SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

### URINARY SYSTEM

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |     |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--|-----|
| Kidney              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |     |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  | 1   |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  | X 4 |
| Urinary Bladder     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |  |     |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  | 1   |

### SYSTEMIC LESIONS

|   |   |   |   |   |   |   |   |   |   |   |   |                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ  | + | + | + | + | + | + | + | + | + | + | + | +                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| * .. Total animals with tissue examined microscopically; Total animals with tumor |   |   |   |   |   |   |   |   |   |   |   | M .. Missing tissue                   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
| + .. Tissue examined microscopically  |   |   |   |   |   |   |   |   |   |   |   | A .. Autolysis precludes evaluation   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
| X .. Lesion present   |   |   |   |   |   |   |   |   |   |   |   | BLANK .. Not examined microscopically |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
| I .. Insufficient tissue  |   |   |   |   |   |   |   |   |   |   |   |                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |    |

**Experiment Number:** 00058 - 04

**Test Type:** CHRONIC

**Route:** GAVAGE

**Species/Strain:** MICE/B6C3F1/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

**Lab:** BAT

|                             |  | DAY ON TEST | 0<br>7<br>3<br>3      | 0<br>6<br>5<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      |                       | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                             |  | ANIMAL ID   | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>9<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>9<br>7 | 0<br>0<br>1<br>9<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 |
| <b>B6C3F1/N MICE FEMALE</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>100 mg/kg</b>            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

Amyloid

Histiocytic Sarcoma

Lymphoma Malignant

X X X

1 3 9

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

Test Type: CHRONIC

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## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

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First Dose M/F: NA / 04/09/12

Lab: BAT

|                             |  | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9 | 0<br>6<br>7<br>7 | 0<br>4<br>5<br>5 | 0<br>7<br>2<br>9 | 0<br>6<br>3<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>2<br>9 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>0 | 0<br>6<br>3<br>2 | 0<br>7<br>6<br>0 |                  |
|-----------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                             |  | ANIMAL ID   | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>7 | 0<br>0<br>2<br>1<br>8 | 0<br>0<br>2<br>0 | 0<br>0<br>2<br>1 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>8 | 0<br>0<br>2<br>9 | 0<br>0<br>2<br>8 | 0<br>0<br>2<br>9 | 0<br>0<br>2<br>8 |
| <b>B6C3F1/N MICE FEMALE</b> |  |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| <b>300 mg/kg</b>            |  |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

females  
(cont...)**ALIMENTARY SYSTEM**

Esophagus

Gallbladder  
Lymphoma Malignant

Intestine Large, Cecum

Intestine Large, Colon

Intestine Large, Rectum

Intestine Small, Duodenum

Intestine Small, Ileum

Intestine Small, Jejunum  
Lymphoma Malignant

Liver

Hepatocellular Adenoma  
Hepatocellular Carcinoma  
Histiocytic Sarcoma  
Leukemia Mononuclear  
Lymphoma Malignant  
Stellate Cell Tumor, BenignMesentery  
Histiocytic Sarcoma

+ +

+ +

+ +

+ +

+ +

+ +

+ +

+ X

+ +

X

X

X

X

X

+

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

| B6C3F1/N MICE FEMALE<br>300 mg/kg  | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |   |
|------------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|---|
|                                    |                          | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>9 | 0<br>6<br>7<br>7 | 0<br>4<br>5<br>5 | 0<br>7<br>2<br>9 | 0<br>6<br>3<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>3 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>0 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>2 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>0 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>2 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>0 |                      |   |
| Lymphoma Malignant                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                    |   |
| Pancreas                           |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |   |
| Leiomyosarcoma, Metastatic, Uterus |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Lymphoma Malignant                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      | X |
| Salivary Glands                    |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |   |
| Lymphoma Malignant                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Stomach, Forestomach               |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |   |
| Lymphoma Malignant                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      | X |
| Stomach, Glandular                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |   |
| Lymphoma Malignant                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      | X |
| Tooth                              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| <b>CARDIOVASCULAR SYSTEM</b>       |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Blood Vessel                       |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |   |
| Heart                              |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |   |
| Leukemia Mononuclear               |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| <b>ENDOCRINE SYSTEM</b>            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Adrenal Cortex                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |   |
| Leukemia Mononuclear               |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |
| Lymphoma Malignant                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      | X |
| Adrenal Medulla                    |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                      |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                             |  | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>6<br>7<br>7 | 0<br>4<br>5<br>5 | 0<br>6<br>3<br>9 | 0<br>7<br>3<br>2 | 0<br>7<br>2<br>9 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>3 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>3 | 0<br>6<br>6<br>2 | 0<br>7<br>6<br>0 |                  |                  |
|-----------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                             |  | ANIMAL ID   | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>7 | 0<br>0<br>2<br>1<br>8 | 0<br>0<br>2<br>1<br>9 | 0<br>0<br>2<br>0 | 0<br>0<br>2<br>1 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>8 | 0<br>0<br>2<br>9 | 0<br>0<br>2<br>0 | 0<br>0<br>2<br>1 | 0<br>0<br>2<br>2 |
| <b>B6C3F1/N MICE FEMALE</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| <b>300 mg/kg</b>            |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

females  
(cont...)

Islets, Pancreatic

Parathyroid Gland

Pituitary Gland  
Pars Distalis, AdenomaThyroid Gland  
Lymphoma Malignant

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | M | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M | + | M | M | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

Peritoneum

Leiomyosarcoma, Metastatic, Uterus

**GENITAL SYSTEM**

Clitoral Gland

Ovary  
Cystadenoma  
Lymphoma MalignantUterus  
Adenocarcinoma  
Hemangioma  
Leiomyosarcoma  
Lymphoma Malignant

Vagina

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   | X |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   | X |   |   |   |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1/N

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Black Cohosh  
 CAS Number: 84776-26-1

Date Report Requested: 12/10/2020  
 Time Report Requested: 11:32:38  
 First Dose M/F: NA / 04/09/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE | 300 mg/kg | DAY ON TEST | ANIMAL ID                       |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 | females<br>(cont...)            |                                 |                                 |                                 |
|----------------------|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|                      |           |             | 0<br>7<br>3<br>1                | 0<br>7<br>3<br>3                | 0<br>7<br>3<br>2                | 0<br>7<br>3<br>2                | 0<br>7<br>3<br>1                | 0<br>7<br>3<br>1                | 0<br>7<br>3<br>9                | 0<br>6<br>7<br>7                | 0<br>4<br>2<br>5                | 0<br>7<br>6<br>5                | 0<br>6<br>3<br>5                | 0<br>7<br>3<br>2                | 0<br>7<br>2<br>9                | 0<br>7<br>3<br>3                | 0<br>6<br>5<br>3                | 0<br>7<br>3<br>0                | 0<br>6<br>5<br>3                | 0<br>7<br>3<br>2                | 0<br>6<br>5<br>3                | 0<br>7<br>6<br>3                |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |
|                      |           |             | 0<br>0<br>0<br>0<br>2<br>1<br>1 | 0<br>0<br>0<br>0<br>2<br>1<br>2 | 0<br>0<br>0<br>0<br>2<br>1<br>3 | 0<br>0<br>0<br>0<br>2<br>1<br>4 | 0<br>0<br>0<br>0<br>2<br>1<br>7 | 0<br>0<br>0<br>0<br>2<br>1<br>8 | 0<br>0<br>0<br>0<br>2<br>1<br>9 | 0<br>0<br>0<br>0<br>2<br>1<br>0 | 0<br>0<br>0<br>0<br>2<br>1<br>1 | 0<br>0<br>0<br>0<br>2<br>1<br>2 | 0<br>0<br>0<br>0<br>2<br>1<br>3 | 0<br>0<br>0<br>0<br>2<br>1<br>4 | 0<br>0<br>0<br>0<br>2<br>1<br>5 | 0<br>0<br>0<br>0<br>2<br>1<br>6 | 0<br>0<br>0<br>0<br>2<br>1<br>7 | 0<br>0<br>0<br>0<br>2<br>1<br>8 | 0<br>0<br>0<br>0<br>2<br>1<br>9 | 0<br>0<br>0<br>0<br>2<br>1<br>0 | 0<br>0<br>0<br>0<br>2<br>1<br>1 | 0<br>0<br>0<br>0<br>2<br>1<br>2 | 0<br>0<br>0<br>0<br>2<br>1<br>3 | 0<br>0<br>0<br>0<br>2<br>1<br>4 | 0<br>0<br>0<br>0<br>2<br>1<br>5 | 0<br>0<br>0<br>0<br>2<br>1<br>6 | 0<br>0<br>0<br>0<br>2<br>1<br>7 | 0<br>0<br>0<br>0<br>2<br>1<br>8 | 0<br>0<br>0<br>0<br>2<br>1<br>9 | 0<br>0<br>0<br>0<br>2<br>1<br>0 |

### HEMATOPOIETIC SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Histiocytic Sarcoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lumbar, Leiomyosarcoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lumbar, Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mediastinal, Lymphoma Malignant            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Pancreatic, Lymphoma Malignant             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Renal, Leiomyosarcoma, Metastatic, Uterus  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Renal, Lymphoma Malignant                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mandibular                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mesenteric                     | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Histiocytic Sarcoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Leiomyosarcoma, Metastatic, Uterus         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Spleen                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Histiocytic Sarcoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Leukemia Mononuclear                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Thymus                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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X .. Lesion present

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Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|                      |           | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>6<br>7<br>7 | 0<br>4<br>5<br>5 | 0<br>6<br>3<br>9 | 0<br>7<br>6<br>5 | 0<br>7<br>3<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>3 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>3 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>0 | 0<br>6<br>3<br>2 | 0<br>7<br>6<br>0 |                  |                  |                      |
|----------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
|                      |           | ANIMAL ID   | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>7 | 0<br>0<br>2<br>1<br>8 | 0<br>0<br>2<br>1<br>9 | 0<br>0<br>2<br>0 | 0<br>0<br>2<br>1 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>8 | 0<br>0<br>2<br>9 | 0<br>0<br>2<br>0 | 0<br>0<br>2<br>1 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>4 | females<br>(cont...) |
| B6C3F1/N MICE FEMALE | 300 mg/kg |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |

## INTEGUMENTARY SYSTEM

Mammary Gland  
Lymphoma Malignant

+ + + + + + + + + + + + + + + + X

Skin  
Keratoacanthoma  
Lymphoma Malignant  
Sarcoma

+ X

X

## MUSCULOSKELETAL SYSTEM

Bone

+ +

Skeletal Muscle  
Lymphoma Malignant

+

X

## NERVOUS SYSTEM

Brain

+ +

Leukemia Mononuclear  
Lymphoma Malignant

X

Peripheral Nerve

+

Spinal Cord

+

## RESPIRATORY SYSTEM

Lung

+ X

Alveolar/Bronchiolar Adenoma

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|                      |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
|----------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|
|                      |   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |
| B6C3F1/N MICE FEMALE |   | 300 mg/kg   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |
| 7                    | 7 | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 7 |
| 3                    | 3 | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 |
| 1                    | 1 | 3           | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 3 | 9 | 7 | 7 | 5 | 2 | 6 | 3 | 7 | 3 | 2 | 9 | 3                    | 0 |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |
| 0                    | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |
| 2                    | 2 | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    | 2 |
| 1                    | 1 | 1           | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4                    | 4 |
| 1                    | 2 | 3           | 4 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 0 | 2 | 3 | 4 | 7 | 8 | 9                    | 1 |

Alveolar/Bronchiolar Carcinoma

Histiocytic Sarcoma

Leukemia Mononuclear

Lymphoma Malignant

X

X

Nose

Lymphoma Malignant

+ X

Trachea

+ +

## SPECIAL SENSES SYSTEM

Eye

+ +

Harderian Gland

Adenoma

Histiocytic Sarcoma

+ X X

## URINARY SYSTEM

Kidney

Histiocytic Sarcoma

Leukemia Mononuclear

Lymphoma Malignant

+ X

Urinary Bladder

Lymphoma Malignant

+ +

## SYSTEMIC LESIONS

Multiple Organ

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                             |  | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1 | 0<br>6<br>7<br>7 | 0<br>4<br>5<br>5 | 0<br>7<br>6<br>9 | 0<br>6<br>3<br>5 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>3 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>3 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>0 | 0<br>6<br>3<br>2 | 0<br>7<br>6<br>0 |                  |
|-----------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                             |  | ANIMAL ID   | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>7 | 0<br>0<br>2<br>1<br>8 | 0<br>0<br>2<br>1<br>9 | 0<br>0<br>2<br>0 | 0<br>0<br>2<br>1 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 | 0<br>0<br>2<br>6 | 0<br>0<br>2<br>7 | 0<br>0<br>2<br>8 | 0<br>0<br>2<br>0 | 0<br>0<br>2<br>2 | 0<br>0<br>2<br>3 | 0<br>0<br>2<br>4 | 0<br>0<br>2<br>5 |
| <b>B6C3F1/N MICE FEMALE</b> |  |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| <b>300 mg/kg</b>            |  |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|                             |  |             |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

Amyloid

X

Histiocytic Sarcoma

X

Leukemia Mononuclear

X

Lymphoma Malignant

females  
(cont...)

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>300 mg/kg | DAY ON TEST<br>ANIMAL ID |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             | * TOTALS    |             |
|-----------------------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------|-------------|-------------|
|                                   |                          | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>6<br>5<br>2      | 0<br>7<br>2<br>9      | 0<br>6<br>0<br>3 | 0<br>7<br>1<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>0 | 0<br>6<br>7<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>9 | 0<br>6<br>7<br>4 | 0<br>7<br>3<br>1 | 0<br>6<br>7<br>9 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>3 |             |             |             |
|                                   |                          | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>5 | 0<br>0<br>2<br>4<br>5 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>5<br>5 | 0<br>0<br>5<br>5 | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>6      | 0<br>0<br>7      | 0<br>0<br>7 | 0<br>0<br>7 | 0<br>0<br>7 |

## ALIMENTARY SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Esophagus                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Gallbladder                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | 49 |   |
| Lymphoma Malignant          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |    | 1 |
| Intestine Large, Cecum      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Large, Colon      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Large, Rectum     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Small, Duodenum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Small, Ileum      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Small, Jejunum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |    | 2 |
| Liver                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Hepatocellular Adenoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |    | 4 |
| Hepatocellular Carcinoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |    | 2 |
| Histiocytic Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |    | 1 |
| Leukemia Mononuclear        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 1 |
| Lymphoma Malignant          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |    | 7 |
| Stellate Cell Tumor, Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |    | 1 |
| Mesentery                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Histiocytic Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                                       | DAY ON TEST |                                    |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS                   |                            |                            |
|---------------------------------------|-------------|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|                                       |             | 0<br>7<br>3<br>2                   | 0<br>7<br>3<br>2           | 0<br>6<br>5<br>2           | 0<br>7<br>2<br>9           | 0<br>6<br>0<br>3           | 0<br>7<br>1<br>9           | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>0           | 0<br>6<br>7<br>0           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>9           | 0<br>6<br>3<br>4           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>9           | 0<br>7<br>2<br>3           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>9           | 0<br>7<br>2<br>3           | 0<br>7<br>3<br>1           |                            |                            |                            |
| B6C3F1/N MICE FEMALE<br><br>300 mg/kg | ANIMAL ID   | 0<br>0<br>0<br>2<br>4<br>4         | 0<br>0<br>0<br>2<br>4<br>5 | 0<br>0<br>0<br>2<br>4<br>6 | 0<br>0<br>0<br>2<br>5<br>7 | 0<br>0<br>0<br>2<br>5<br>9 | 0<br>0<br>0<br>2<br>5<br>0 | 0<br>0<br>0<br>2<br>5<br>1 | 0<br>0<br>0<br>2<br>5<br>2 | 0<br>0<br>0<br>2<br>5<br>4 | 0<br>0<br>0<br>2<br>5<br>6 | 0<br>0<br>0<br>2<br>5<br>8 | 0<br>0<br>0<br>2<br>6<br>0 | 0<br>0<br>0<br>2<br>6<br>1 | 0<br>0<br>0<br>2<br>6<br>3 | 0<br>0<br>0<br>2<br>6<br>4 | 0<br>0<br>0<br>2<br>7<br>0 | 0<br>0<br>0<br>2<br>7<br>1 | 0<br>0<br>0<br>2<br>7<br>2 | 0<br>0<br>0<br>2<br>7<br>3 | 0<br>0<br>0<br>2<br>7<br>4 | 0<br>0<br>0<br>2<br>7<br>5 | 0<br>0<br>0<br>2<br>7<br>7 | 0<br>0<br>0<br>2<br>7<br>9 |
|                                       |             | Lymphoma Malignant                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |                            |
|                                       |             | Pancreas                           | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | M                          | + + +                      |                            |                            |
|                                       |             | Leiomyosarcoma, Metastatic, Uterus | X                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 49                         |                            |
|                                       |             | Lymphoma Malignant                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |
|                                       |             | Salivary Glands                    | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |
|                                       |             | Lymphoma Malignant                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |
|                                       |             | Stomach, Forestomach               | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |
|                                       |             | Lymphoma Malignant                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |
|                                       |             | Stomach, Glandular                 | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |
|                                       |             | Lymphoma Malignant                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |
| CARIOVASCULAR SYSTEM                  |             | Tooth                              |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | +                          |                            |                            |                            |                            |                            | 2                          |                            |
|                                       |             | Blood Vessel                       | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | M                          | 49                         |                            |
| ENDOCRINE SYSTEM                      |             | Heart                              | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |
|                                       |             | Leukemia Mononuclear               | X                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |
| ENDOCRINE SYSTEM                      |             | Adrenal Cortex                     | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |
|                                       |             | Leukemia Mononuclear               | X                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1                          |                            |
|                                       |             | Lymphoma Malignant                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 2                          |                            |
|                                       |             | Adrenal Medulla                    | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |                            |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

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Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| <b>B6C3F1/N MICE FEMALE</b>  | <b>300 mg/kg</b> | DAY ON TEST |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |   |    | <b>* TOTALS</b> |   |    |
|--|------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|---|----|-----------------|---|----|
|  |                  |             | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>2           | 0<br>6<br>5<br>2           | 0<br>7<br>2<br>9           | 0<br>6<br>0<br>3      | 0<br>7<br>2<br>1      | 0<br>7<br>9<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>9      | 0<br>6<br>7<br>7      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>6<br>3<br>4      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>6<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>6<br>3<br>3      | 0<br>7<br>2<br>3      | 0<br>7<br>2<br>3      | 0<br>7<br>2<br>3 |   |    |                 |   |    |
| ANIMAL ID  |                  |             | 0<br>0<br>0<br>2<br>4<br>4 | 0<br>0<br>0<br>2<br>4<br>5 | 0<br>0<br>0<br>2<br>4<br>6 | 0<br>0<br>0<br>2<br>5<br>9 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>0<br>2<br>2 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>0<br>5<br>6 | 0<br>0<br>0<br>5<br>8 | 0<br>0<br>0<br>6<br>0 | 0<br>0<br>0<br>6<br>1 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>0<br>7<br>0 | 0<br>0<br>0<br>7<br>1 | 0<br>0<br>0<br>7<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>7<br>5 | 0<br>0<br>0<br>7<br>7 | 0<br>0<br>0<br>7<br>9 | 0<br>0<br>0<br>8<br>0 |                  |   |    |                 |   |    |
| Islets, Pancreatic   |                  |             | +                          | +                          | +                          | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | + | 50 |                 |   |    |
| Parathyroid Gland  |                  |             | +                          | M                          | M                          | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | M                     | +                     | +                     | +                     | +                     | +                     | +                | + | 41 |                 |   |    |
| Pituitary Gland<br>Pars Distalis, Adenoma                                      |                  |             | +                          | +                          | +                          | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                | 1 | 50 |                 |   |    |
| Thyroid Gland<br>Lymphoma Malignant  |                  |             | +                          | +                          | +                          | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | I                | 1 | 49 |                 |   |    |
| <b>GENERAL BODY SYSTEM</b>   |                  |             |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |   |    |                 |   |    |
| Peritoneum   |                  |             |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |   |    |                 | 1 |    |
| Leiomyosarcoma, Metastatic, Uterus   |                  |             |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |   |    |                 | 1 |    |
| <b>GENITAL SYSTEM</b>  |                  |             |                            |                            |                            |                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |   |    |                 |   |    |
| Clitoral Gland   |                  |             | +                          | +                          | +                          | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | + | 50 |                 |   |    |
| Ovary<br>Cystadenoma<br>Lymphoma Malignant                                     |                  |             | +                          | +                          | +                          | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | + | 4  | 50              |   |    |
| Uterus<br>Adenocarcinoma<br>Hemangioma<br>Leiomyosarcoma<br>Lymphoma Malignant |                  |             | +                          | +                          | +                          | +                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | 2 | 1  | 1               | 1 | 50 |
| Vagina   |                  |             | +                          | +                          | +                          | +                          | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                | + | 49 |                 |   |    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|          |  | DAY ON TEST           |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |
|----------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|          |  | B6C3F1/N MICE FEMALE  |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |
|          |  | 300 mg/kg             |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |
|          |  | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>6<br>5<br>2      | 0<br>7<br>2<br>9      | 0<br>6<br>1 | 0<br>7<br>9 | 0<br>7<br>0 | 0<br>7<br>3 | 0<br>7<br>3 | 0<br>7<br>2 | 0<br>7<br>3 | 0<br>7<br>2 | 0<br>7<br>3 | 0<br>7<br>0 | 0<br>7<br>3 | 0<br>7<br>1 | 0<br>7<br>2 | 0<br>7<br>3 | 0<br>7<br>4 | 0<br>7<br>1 | 0<br>7<br>2 | 0<br>7<br>3 |
|          |  | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>5 | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>1 | 0<br>0<br>2 | 0<br>0<br>4 | 0<br>0<br>5 | 0<br>0<br>5 | 0<br>0<br>5 | 0<br>0<br>6 | 0<br>0<br>6 | 0<br>0<br>6 | 0<br>0<br>7 |
| * TOTALS |  |                       |                       |                       |                       |                       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |

## HEMATOPOIETIC SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Bone Marrow                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Histiocytic Sarcoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 1 |
| Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Lymph Node                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |    | 5 |
| Lumbar, Leiomyosarcoma, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 1 |
| Lumbar, Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Mediastinal, Lymphoma Malignant            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4 |
| Pancreatic, Lymphoma Malignant             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Renal, Leiomyosarcoma, Metastatic, Uterus  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |    | 1 |
| Renal, Lymphoma Malignant                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4 |
| Lymph Node, Mandibular                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 2 |
| Lymph Node, Mesenteric                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |   |
| Histiocytic Sarcoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 1 |
| Leiomyosarcoma, Metastatic, Uterus         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |    | 1 |
| Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 |
| Spleen                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Histiocytic Sarcoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 1 |
| Leukemia Mononuclear                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |    | 1 |
| Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 8 |
| Thymus                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |   |
| Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | I |   |   |   |   |   |    | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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Lab: BAT

|                      |           | DAY ON TEST | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>6<br>2<br>9      | 0<br>7<br>1 | 0<br>7<br>9 | 0<br>7<br>0 | 0<br>7<br>3 | 0<br>7<br>0 | 0<br>7<br>3 | 0<br>7<br>2 | 0<br>7<br>3 | 0<br>7<br>0 | 0<br>7<br>1 | 0<br>7<br>9 | 0<br>7<br>3 | 0<br>7<br>1 | 0<br>7<br>4 | 0<br>7<br>3 | 0<br>7<br>1 | 0<br>7<br>9 | 0<br>7<br>3 |          |
|----------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------|
|                      |           | ANIMAL ID   | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>5 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>1 | 0<br>0<br>2 | 0<br>0<br>5 | 0<br>0<br>5 | 0<br>0<br>6 | 0<br>0<br>6 | 0<br>0<br>6 | 0<br>0<br>6 | 0<br>0<br>7 | * TOTALS |
| B6C3F1/N MICE FEMALE | 300 mg/kg |             | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>6<br>2<br>9      | 0<br>7<br>1 | 0<br>7<br>9 | 0<br>7<br>0 | 0<br>7<br>3 | 0<br>7<br>0 | 0<br>7<br>3 | 0<br>7<br>2 | 0<br>7<br>3 | 0<br>7<br>0 | 0<br>7<br>1 | 0<br>7<br>9 | 0<br>7<br>3 | 0<br>7<br>1 | 0<br>7<br>4 | 0<br>7<br>3 | 0<br>7<br>1 | 0<br>7<br>9 | 0<br>7<br>3 |          |

## INTEGUMENTARY SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|---|
| Mammary Gland      | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |   |   |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |   |
| Skin               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |   |
| Keratoacanthoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |   |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |   |
| Sarcoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | X | 1 |

## MUSCULOSKELETAL SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skeletal Muscle    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

## NERVOUS SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Brain                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |
| Lymphoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |   |
| Peripheral Nerve     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |   |
| Spinal Cord          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |   |

## RESPIRATORY SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Lung                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Alveolar/Bronchiolar Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

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|--------------------------------|-----------|-------------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|----|----|
|                                |           |             |           | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>0 | 0<br>6<br>2<br>9 | 0<br>7<br>0<br>3 | 0<br>6<br>7<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>2 | 0<br>7<br>3<br>3 | 0<br>7<br>2<br>9 | 0<br>6<br>7<br>7 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>1 | 0<br>6<br>3<br>4 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>3 |          |    |    |
| Alveolar/Bronchiolar Carcinoma |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  |                  |                  |                  |                  |          | 2  |    |
| Histiocytic Sarcoma            |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1  |    |
| Leukemia Mononuclear           |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 1  |    |
| Lymphoma Malignant             |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 4  |    |
| Nose                           |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |          |    |    |
| Lymphoma Malignant             |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 50 |    |
| Trachea                        |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |          | 1  |    |
| <b>SPECIAL SENSES SYSTEM</b>   |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | 50 |    |
| Eye                            |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |          |    | 50 |
| Harderian Gland                |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    | 50 |
| Adenoma                        |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    | 3  |
| Histiocytic Sarcoma            |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    | 1  |
| <b>URINARY SYSTEM</b>          |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    |    |
| Kidney                         |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    | 50 |
| Histiocytic Sarcoma            |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    | 1  |
| Leukemia Mononuclear           |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    | 1  |
| Lymphoma Malignant             |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |          |    | 6  |
| Urinary Bladder                |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |          |    | 50 |
| Lymphoma Malignant             |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    | 1  |
| <b>SYSTEMIC LESIONS</b>        |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    |    |
| Multiple Organ                 |           |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |          |    | 50 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|                             |  | DAY ON TEST | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>6<br>2<br>9      | 0<br>6<br>7<br>3      | 0<br>7<br>2<br>1      | 0<br>7<br>9<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>3      | 0<br>7<br>3<br>9      | 0<br>6<br>7<br>7      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>6<br>3<br>4      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>3      |                       |                       |          |
|-----------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                             |  | ANIMAL ID   | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>5 | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>5<br>5<br>9 | 0<br>0<br>5<br>4<br>1 | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>5<br>5<br>8 | 0<br>0<br>5<br>5<br>0 | 0<br>0<br>6<br>6<br>0 | 0<br>0<br>6<br>6<br>1 | 0<br>0<br>6<br>6<br>3 | 0<br>0<br>6<br>6<br>4 | 0<br>0<br>7<br>7<br>0 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>7<br>5 | 0<br>0<br>7<br>7<br>6 | 0<br>0<br>7<br>7<br>7 | * TOTALS |
| <b>B6C3F1/N MICE FEMALE</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| <b>300 mg/kg</b>            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |

Amyloid

1

Histiocytic Sarcoma

1

Leukemia Mononuclear

1

Lymphoma Malignant

9

X

X

X X

X

X X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

**Experiment Number:** 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1/N

## Black Cohosh

**CAS Number:** 84776-26-1

**Date Report Requested:** 12/10/2020

**Time Report Requested:** 11:32:38

**First Dose M/F:** NA / 04/09/12

## Lab: BAT

| B6C3F1/N MICE FEMALE |   | DAY ON TEST | ANIMAL ID |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | females<br>(cont...) |     |     |     |
|----------------------|---|-------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------------|-----|-----|-----|
|                      |   |             | 077       | 033 | 083 | 023 | 063 | 050 | 071 | 001 | 070 | 010 | 072 | 029 | 031 | 052 | 015 | 030 | 019 | 029 | 010 | 021 | 032                  | 033 | 011 |     |
| 1000 mg/kg           |   |             | 000       | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000                  | 000 | 000 |     |
|                      |   | ANIMAL ID   | 000       | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000 | 000                  | 000 | 000 | 000 |
| 2                    | 2 | 2           | 2         | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 2   | 3   | 3   | 3   | 3   | 3   | 3   | 3                    | 3   | 3   | 3   |
| 8                    | 8 | 8           | 8         | 8   | 8   | 8   | 8   | 9   | 9   | 9   | 9   | 9   | 9   | 9   | 9   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0                    | 0   | 0   | 1   |
| 1                    | 2 | 3           | 4         | 5   | 9   | 1   | 2   | 3   | 4   | 5   | 7   | 8   | 9   | 9   | 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8                    | 9   | 0   |     |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically: Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

#### A .. Autolysis precludes evaluation

X., Lesion present

BLANK .. Not examined microscopically

#### I. Insufficient tissue

~~DE WIT NOT EXAMINED MICROSCOPICALLY~~

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                      |  | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|----------------------|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| B6C3F1/N MICE FEMALE |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| 1000 mg/kg           |  | 7           | 7 | 3 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 7 |                      |
|                      |  | 3           | 3 | 8 | 6 | 9 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 0 | 3 | 9 | 2 | 2 | 1 | 3 | 3 |                      |
|                      |  | 3           | 1 | 2 | 6 | 5 | 0 | 1 | 0 | 1 | 0 | 9 | 2 | 1 | 5 | 1 | 0 | 1 | 9 | 2 | 3 |                      |
|                      |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                      |  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                      |  | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                      |
|                      |  | 8           | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|                      |  | 1           | 2 | 3 | 4 | 5 | 9 | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |                      |
|                      |  | 2           | 3 | 4 | 5 | 9 | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |                      |
| Lymphoma Malignant   |  | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X | X |   |   |                      |
| Stomach, Forestomach |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Stomach, Glandular   |  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Lymphoma Malignant   |  |             |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |                      |

## CARDIOVASCULAR SYSTEM

|                    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Aorta              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymphoma Malignant |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Blood Vessel       |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Heart              |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymphoma Malignant |  |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |  |

## ENDOCRINE SYSTEM

| Adrenal Cortex          |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Adenoma                 |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymphoma Malignant      |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |  |
| Adrenal Medulla         |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Lymphoma Malignant      |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |  |
| Pheochromocytoma Benign |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Islets, Pancreatic      |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Parathyroid Gland       |  | + | + | + | + | + | + | + | + | M | + | M | + | + | M | + | + | + | + | M | + |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1/N

### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh  
 CAS Number: 84776-26-1

Date Report Requested: 12/10/2020  
 Time Report Requested: 11:32:38  
 First Dose M/F: NA / 04/09/12  
 Lab: BAT

| B6C3F1/N MICE FEMALE<br>1000 mg/kg | DAY ON TEST<br>ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|------------------------------------|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                                    |                          | 7 | 7 | 3 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 7 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                                    |                          | 3 | 3 | 8 | 6 | 9 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 5 | 1 | 0 | 1 | 2 | 2 | 9 | 2 | 2 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 1 | 1 |
|                                    |                          | 3 | 1 | 2 | 6 | 5 | 0 | 1 | 0 | 1 | 0 | 2 | 1 | 5 | 0 | 1 | 9 | 7 | 2 | 9 | 1 | 0 | 2 | 3 | 3 | 3 | 3 | 3 | 1 | 0 | 0 |

females  
(cont...)

Pituitary Gland  
 Pars Distalis, Adenoma

+ X

Thyroid Gland  
 Lymphoma Malignant

+ +

### GENERAL BODY SYSTEM

NONE

### GENITAL SYSTEM

Clitoral Gland  
 Lymphoma Malignant

+ +

Ovary  
 Cystadenoma  
 Luteoma  
 Lymphoma Malignant  
 Tubulostromal Adenoma  
 Bilateral, Cystadenoma

+ X

X

Uterus  
 Hemangioma  
 Leiomyoma  
 Lymphoma Malignant  
 Polyp Stromal

+ X

X

Vagina  
 Lymphoma Malignant

+ +

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Black Cohosh

CAS Number: 84776-26-1

Date Report Requested: 12/10/2020

Time Report Requested: 11:32:38

First Dose M/F: NA / 04/09/12

Lab: BAT

|   |           | DAY ON TEST | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |                      |
|---|-----------|-------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|----------------------|
|   |           |             | 1000 mg/kg           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |
|   | ANIMAL ID | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | females<br>(cont...) |
|   |           | 7           | 7                    | 3 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |                      |
| 3 | 3         | 3           | 3                    | 8 | 6 | 9 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1                    | 0                    |
| 3 | 1         | 2           | 6                    | 5 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0                    | 1                    |
| 0 | 0         | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0                    |
| 0 | 0         | 0           | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0                    |
| 2 | 2         | 2           | 2                    | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3                    |
| 8 | 8         | 8           | 8                    | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 1                    |
| 1 | 2         | 3           | 4                    | 5 | 9 | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3                    | 4                    |

## HEMATOPOIETIC SYSTEM

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymphoma Malignant              |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node                      | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lumbar, Lymphoma Malignant      | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mediastinal, Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Renal, Lymphoma Malignant       | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Thoracic, Lymphoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mandibular          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymphoma Malignant              |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Mast Cell Tumor Benign          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mesenteric          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymphoma Malignant              | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Spleen                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Lymphoma Malignant              | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Thymus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + | + |  |
| Lymphoma Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |

## INTEGUMENTARY SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Basal Cell Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                      |             | 7 | 7 | 3 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 1000 mg/kg           | ANIMAL ID   | 3 | 3 | 8 | 6 | 9 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 5 | 1 | 0 | 1 | 2 | 9 | 2 | 9 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                      |             | 3 | 1 | 2 | 6 | 5 | 0 | 1 | 0 | 1 | 0 | 9 | 2 | 1 | 5 | 0 | 1 | 9 | 2 | 9 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 1 |

females  
(cont...)Fibrosarcoma  
Lymphoma Malignant

## MUSCULOSKELETAL SYSTEM

Bone

+ +

Skeletal Muscle  
Lymphoma Malignant

## NERVOUS SYSTEM

Brain  
Lymphoma Malignant

+ +

X

Peripheral Nerve  
Sciatic, Lymphoma Malignant

+

X

Spinal Cord  
Lymphoma Malignant

+

X

## RESPIRATORY SYSTEM

Lung  
Alveolar/Bronchiolar Adenoma  
Alveolar/Bronchiolar Carcinoma  
Hepatocellular Carcinoma, Metastatic, Liver  
Lymphoma Malignant

+ +

X

X

X

X

X

Nose  
Lymphoma Malignant

+ +

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE | 1000 mg/kg | ANIMAL ID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...) |
|----------------------|------------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|                      |            |           | 0<br>7<br>3<br>3<br>3 | 0<br>7<br>3<br>1<br>2 | 0<br>6<br>6<br>5<br>6 | 0<br>7<br>3<br>0<br>1 | 0<br>7<br>3<br>2<br>9 | 0<br>7<br>3<br>2<br>2 | 0<br>7<br>3<br>1<br>5 | 0<br>6<br>9<br>2<br>9 | 0<br>7<br>2<br>9<br>9 | 0<br>6<br>2<br>9<br>1 | 0<br>7<br>3<br>2<br>2 | 0<br>7<br>3<br>3<br>1 |                      |
|                      |            |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |

Trachea

+ +

## SPECIAL SENSES SYSTEM

Ear

+

Eye

+ +

Harderian Gland

Adenoma

Lymphoma Malignant

X

## URINARY SYSTEM

Kidney

Lymphoma Malignant

+ + + + + + + + + + + + X + + + + + + + + + + + + + + +

Urinary Bladder

Lymphoma Malignant

+ + + + + + M + + + + X + + + + + + + + + + + + + + + +

## SYSTEMIC LESIONS

Multiple Organ

Lymphoma Malignant

+ + + + + + + + + + + X X X X + + + + + + + + + + + + + +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

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Lab: BAT

| B6C3F1/N MICE FEMALE | 1000 mg/kg | ANIMAL ID | DAY ON TEST                     |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 | * TOTALS                        |
|----------------------|------------|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|                      |            |           | 0<br>7<br>3<br>0                |                                 |                                 |                                 |
|                      |            |           | 0<br>0<br>0<br>0<br>3<br>1<br>3 | 0<br>0<br>0<br>0<br>3<br>1<br>4 | 0<br>0<br>0<br>0<br>3<br>1<br>5 | 0<br>0<br>0<br>0<br>3<br>1<br>6 | 0<br>0<br>0<br>0<br>3<br>1<br>7 | 0<br>0<br>0<br>0<br>3<br>1<br>8 | 0<br>0<br>0<br>0<br>3<br>2<br>9 |

## ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Hepatocellular Carcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Mesentery                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   | 1  |
| Lymphoma Malignant        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | 1  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

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I .. Insufficient tissue

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Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|  |  | DAY ON TEST | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>0      | 0<br>1<br>0<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>6<br>6<br>6      | 0<br>5<br>8<br>9      | 0<br>7<br>1<br>6      | 0<br>7<br>2<br>9      |                       |                       |                       |                       |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |  | ANIMAL ID   | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>2<br>5 | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>4<br>8 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>4<br>6 | 0<br>0<br>3<br>4<br>9 |

\* TOTALS

|  |   |    |
|--|---|----|
| Lymphoma Malignant                       | X | 5  |
| Stomach, Forestomach                     | + | 50 |
| Stomach, Glandular<br>Lymphoma Malignant | + | 50 |
|  | X | 3  |

## CARDIOVASCULAR SYSTEM

|                             |   |    |
|-----------------------------|---|----|
| Aorta<br>Lymphoma Malignant | + | 1  |
| Blood Vessel                | + | 49 |
| Heart<br>Lymphoma Malignant | + | 50 |
|                             | X | 1  |

## ENDOCRINE SYSTEM

|  |   |    |
|--|---|----|
| Adrenal Cortex<br>Adenoma<br>Lymphoma Malignant                  | + | 50 |
|  | X | 1  |
| Adrenal Medulla<br>Lymphoma Malignant<br>Pheochromocytoma Benign | + | 50 |
|  | X | 1  |
| Islets, Pancreatic   | + | 50 |
| Parathyroid Gland  | + | 42 |
|  | M |    |

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Lab: BAT

|   |            | DAY ON TEST | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>4<br>7<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>5<br>4<br>8      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>6      | 0<br>6<br>8<br>9      | 0<br>5<br>1<br>6      | 0<br>7<br>2<br>9      |                       |                       |                       |                       |          |
|---|------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   |            | ANIMAL ID   | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>2<br>4 | 0<br>0<br>3<br>2<br>5 | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | * TOTALS |
| B6C3F1/N MICE FEMALE                      | 1000 mg/kg |             | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>4<br>7<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>5<br>4<br>8      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>6      | 0<br>5<br>8<br>9      | 0<br>7<br>1<br>6      | 0<br>7<br>2<br>9      |                       |                       |                       |                       |          |
| Pituitary Gland<br>Pars Distalis, Adenoma |            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>3               |          |
| Thyroid Gland<br>Lymphoma Malignant       |            |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50<br>1               |          |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Clitoral Gland<br>Lymphoma Malignant   |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49<br>1 |
| Ovary<br>Cystadenoma<br>Luteoma<br>Lymphoma Malignant<br>Tubulostromal Adenoma<br>Bilateral, Cystadenoma |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |
| Uterus<br>Hemangioma<br>Leiomyoma<br>Lymphoma Malignant<br>Polyp Stromal                                 |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |
| Vagina<br>Lymphoma Malignant   |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50<br>1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

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Lab: BAT

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|----------------------|------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                      |            | ANIMAL ID   | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>2<br>4 | 0<br>0<br>3<br>5<br>6 | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>9<br>8 | 0<br>0<br>3<br>0<br>1 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>4<br>8 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>9 | * TOTALS |
| B6C3F1/N MICE FEMALE | 1000 mg/kg |             | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>0      | 0<br>1<br>0<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>6<br>6<br>6      | 0<br>5<br>8<br>9      | 0<br>7<br>1<br>6      | 0<br>7<br>2<br>9      |                       |                       |                       |                       |          |

## HEMATOPOIETIC SYSTEM

|                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Lymph Node                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7  |
| Lumbar, Lymphoma Malignant      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Mediastinal, Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Renal, Lymphoma Malignant       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Thoracic, Lymphoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Mast Cell Tumor Benign          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mesenteric          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 8  |
| Spleen                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 12 |
| Thymus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Lymphoma Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

## INTEGUMENTARY SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Skin               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Basal Cell Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 00058 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 12/10/2020

Test Type: CHRONIC

Black Cohosh

Time Report Requested: 11:32:38

Route: GAVAGE

CAS Number: 84776-26-1

First Dose M/F: NA / 04/09/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

|                      |            | DAY ON TEST | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>3      | 0<br>4<br>7<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>9      | 0<br>7<br>3<br>6      | 0<br>6<br>6<br>9      | 0<br>5<br>8<br>9      | 0<br>7<br>1<br>6      | 0<br>7<br>2<br>9      |                       |                       |                       |                       |                       |          |
|----------------------|------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                      |            | ANIMAL ID   | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>4 | 0<br>0<br>3<br>1<br>5 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>2<br>4 | 0<br>0<br>3<br>2<br>5 | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>2<br>8 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>4<br>8 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>4<br>6 | 0<br>0<br>3<br>4<br>9 | * TOTALS |
| B6C3F1/N MICE FEMALE | 1000 mg/kg |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
|                      |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Fibrosarcoma         |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 1        |
| Lymphoma Malignant   |            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 2        |

## MUSCULOSKELETAL SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Bone               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Skeletal Muscle    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |    | 1 |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 1 |

## NERVOUS SYSTEM

|                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Brain                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Peripheral Nerve            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |    | 1 |
| Sciatic, Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 1 |

## RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 1 |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 1 |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |    | 6 |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

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First Dose M/F: NA / 04/09/12

Lab: BAT

| B6C3F1/N MICE FEMALE<br>1000 mg/kg | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | * TOTALS |
|------------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|----------|
|                                    |                          | 0<br>7<br>3<br>0 |    |          |
| Trachea                            |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50 |          |
| <b>SPECIAL SENSES SYSTEM</b>       |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Ear                                |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 1        |
| Eye                                |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +  | 50       |
| Harderian Gland                    |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +  | 50       |
| Adenoma                            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 1        |
| Lymphoma Malignant                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 2        |
| <b>URINARY SYSTEM</b>              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Kidney                             |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +  | 50       |
| Lymphoma Malignant                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 7        |
| Urinary Bladder                    |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +  | 49       |
| Lymphoma Malignant                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 4        |
| <b>SYSTEMIC LESIONS</b>            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |          |
| Multiple Organ                     |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +  | 50       |
| Lymphoma Malignant                 |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    | 13       |

\*\*\* END OF REPORT \*\*\*

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